

HISTORY FACILITY PROFILE

HERITAGE Eastridge Rehab CTR PROVIDER #: 465096 FACILITY BEDS TYPE ACTION: RECERTIFICATION
 2730 EAST 3300 SOUTH PHONE NUMBER: (801) 487-0896 TOTAL: 113
 SALT LAKE CITY UT 84109 PARTICIPATION DATE: 08/03/1984 CERTIFIED: 113 TYPE OWNERSHIP: FOR PROFIT - CORPORATION
 STATE'S REGION CODE: 001

COMPLIANCE STATUS: FACILITY MEETS REQUIREMENTS BASED ON AN ACCEPTABLE PLAN OF CORRECTION

RESIDENT CENSUS ON 08/21/2002		LTC ADMISSION/SUSPENSION DATES		TOTAL CERTIFIED BEDS: 113	
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TOTAL:	82	ADMISSION SUSPENDED:	18	18/19	19 ICF/MR
MEDICARE:	6	SUSPENSION RESCINDED:	--	--	-----
MEDICAID:	47			113	
OTHER:	29				

CURRENT SURVEY REVISIT DATES - 10/03/2002

PRIOR 3 SURVEY 05/1999	S/S CODE	PRIOR 2 SURVEY 07/2000	S/S CODE	PRIOR 1 SURVEY 06/2001	S/S CODE	CURRENT SURVEY 08/21/2002	S/S CODE	PLAN/DATE OF CORRECT	PROGRAM REQUIREMENTS
X	E	X	E						REQ F0246-ACCOMMODATION OF NEEDS & PREFERENCES
		X	E						REQ F0248-ACTIVITY PROGRAM MEETS INDIVIDUAL NEEDS
		X	D	X	D				REQ F0253-HOUSEKEEPING & MAINTENANCE SERVICES
		X	E						REQ F0309-PROVIDE NECESS CARE FOR HIGHEST PRAC WELL BEING
				X	E				REQ F0314-PROPER TREATMENT TO PREVENT/HEAL PRESSURE SORES
						X C	E	09/16/2002	REQ F0323-FACILITY IS FREE OF ACCIDENT HAZARDS
						X C	D	09/16/2002	REQ F0333-RESIDENTS FREE FROM SIGNIFICANT MED ERRORS
		X	E						REQ F0363-MENUS MEET NUTRIT NEEDS/PREP IN ADVANCE/FOLLOWED
		X	E						REQ F0432-DRUGS STORED IN LOCKED COMPARTMENTS/UND PROP TEMP
				X	E				REQ F0441-FACILITY ESTABLISHES INFECTION CONTROL PROG
									REQ F0463-RESIDENT CALL SYSTEM
									REQ F0514-CLINICAL RECORDS MEET PROFESSIONAL STANDARDS

EDITION OF LSC APPLIED

85 EXIST PRIOR 3 SURVEY 05/1999	85 EXIST PRIOR 2 SURVEY 04/2000	85 EXIST PRIOR 1 SURVEY 06/2001	85 EXIST CURRENT SURVEY 08/22/2002	PLAN/DATE OF CORRECTION
X	X		X C	09/16/2002
	X			
	X			
X			X N	
	X	X	X C	09/16/2002
		X		
			X C	09/16/2002
			X N	
X	X	X	X C	09/16/2002

LSC DEFICIENCIES - BLDG NO. 01

K0018-CORRIDOR DOORS
 K0020-STAIRWAY ENCLOSURES AND VERTICAL SHAFTS
 K0038-EXIT ACCESS
 K0050-FIRE DRILLS
 K0054-SMOKE DETECTOR MAINTENANCE
 K0056-AUTOMATIC SPRINKLER SYSTEM
 K0062-SPRINKLER SYSTEM MAINTENANCE
 K0072-FURNISHING AND DECORATIONS
 K0075-WASTEBASKETS
 K0104-PENETRATIONS OF SMOKE BARRIERS
 K0130-OTHER

TYPE OF DEFICIENCY	CURRENT SURVEY	PRIOR 1 SURVEY	PRIOR 2 SURVEY	PRIOR 3 SURVEY
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CONDITION	0	0	0	0
REQUIREMENT	2	3	6	1
HEALTH TOTAL	2	3	6	1
LIFE SAFETY CODE	6	3	6	3
LIFE SAFETY CODE + HEALTH	8	6	12	4

COMPLAINT SURVEY INFORMATION

SURVEY DATE	STATUS
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04/12/2002	SUBSTANTIATED
07/16/2002	UNSUBSTANTIATED
08/21/2002	UNSUBSTANTIATED
09/03/2002	UNSUBSTANTIATED

FMS SURVEY INFORMATION

* NO FMS SURVEYS FOR THIS FACILITY

C=DATE OF CORRECTION N=NO DATE GIVEN P=PLAN OF CORRECTION R=REFUSED TO CORRECT W=WAIVED F=FSES X=DEFICIENT
 COP = CONDITION REQ = REQUIREMENT